

Biographical Questionnaire for Premium Finance Companies

1. Company name_____
2. Position held_____
3. Individual's name_____
- Date of birth_____
- Place of birth_____
4. Current residential address_____

5. Current business address_____

6. Residential addresses for past five (5) years:
(a) _____
(b) _____
(c) _____
(d) _____
(e) _____
7. Education (beyond secondary schools and dates):

8. Employment history (Beginning with current employer, trace back complete history. Show dates of employment, name and address of company, position held, and duties.)

9. List any other companies which you now serve, or within the past five years have served, either as an officer or director. (List company, position and dates.)

10. Have you ever been charged with a criminal violation (other than a traffic offense) at any time? _____ If "Yes" provide complete details:

11. Have you ever held any other license (except a driver's license)? _____
If "Yes" provide details as to any such license which was ever suspended, revoked, or renewal refused.

12. Have you ever been charged by any regulatory agency, city, county, state or federal governments with having violated any laws, rules or regulations?

Has any company been so charged, allegedly as a result of any action or conduct on your part? _____ If "Yes" to either, submit full details including disposition of charge.

13. Have you ever been known by any other name? _____
If "Yes" provide complete details. _____

14. If the appropriate answer is "Yes" to any of the following questions, complete details must be given, including name, address, disposition of charges, etc. (Omit minor traffic offenses.)

Have you:

- (a) Applied previously in this state for a license to engage in the business of insurance premium financing? _____
- (b) Received a rejection, revocation or suspension of license under laws of this state governing insurance premium or other consumer financing? _____
- (c) Received a rejection, revocation or suspension under an insurance premium financing law or regulation or similar law or regulation in any other state? _____
- (d) Received a revocation or suspension of any license, been convicted or entered a plea of guilty, or nolo contendere, with respect to any law or regulation relating to the business of insurance? _____
- (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a state or federal offense in this or any other state? _____
- (f) Been found by the Commissioner of the Department of Insurance to have violated any of the provisions of the Kentucky Insurance Code or any regulation of the Commissioner of the Department of Insurance? _____
- (g) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? _____
- (h) Do you now hold a license to engage in the business of insurance premium financing or a similar or related business in any state, district or territory of the United States? _____

15. State whether you understand that the Commissioner may revoke or suspend the license of any premium finance company upon finding that:

- (a) Any license issued to such company was obtained by fraud?
Yes _____ No _____
- (b) Any misrepresentation in the application for the license?
Yes _____ No _____
- (c) The holder of such license has otherwise shown himself untrustworthy or incompetent to act as a premium finance company?
Yes _____ No _____
- (d) Such company has violated any of the provisions of the Kentucky Insurance Code?
Yes _____ No _____
- (e) Such company has been rebating part of the service charge as allowed and permitted to any insurance agent or any employee of an insurance agent or to any person as a inducement to the financing of any insurance policy with the premium finance company?
Yes _____ No _____

16. State whether you are fully familiar with the laws pertaining to insurance premium finance companies?
Yes _____ No _____
17. State whether you are fully familiar with the regulations of the Commissioner of the Department of Insurance pertaining to insurance premium finance companies?
Yes _____ No _____

VERIFICATION

County _____

State _____

I, _____, the undersigned, being
the _____ of the
(Title, if a corporation)

(Name of the insurance premium finance company)

swear, (or affirm) subject to the penalties of perjury, that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements (if any), are true and complete.

By _____

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary Public)